

California Department of Public Health (CDPH) Tuberculosis Control Branch

MDR-TB Service



<u>Mission Statement</u>: The California Multidrug-Resistant Tuberculosis (MDR-TB) Service was established in 2002 to enhance the prevention, detection, treatment, and management of MDR-TB cases throughout the State of California.

What is MDR-TB?

Multidrug-resistant tuberculosis (MDR-TB) is defined as TB disease that is resistant to at least isoniazid and rifampin, two of the most potent first-line anti-TB drugs.

Background/Need:

Despite a decline in TB incidence in California over the past decade, MDR-TB remains a challenge to TB control efforts and a threat to communities. Incident MDR-TB cases dropped from 43 in 2002 to 33 in 2006. However, these 33 cases represent 1.2% of all TB cases reported in 2006.

Due to higher morbidity and mortality, extended duration and cost of treatment, and overall complexity associated with MDR-TB cases, local health jurisdictions (LHJs) face greater challenges with the management of MDR-TB than with drug-sensitive disease. Lack of experience with MDR-TB, limited public health resources, difficulty accessing timely drug susceptibility testing and procuring second-line drugs are some of the factors that pose further obstacles to prompt identification and treatment of MDR-TB cases in California.

Purpose:

In an effort to support the local response to managing complex MDR-TB cases, the TB Control Branch (TBCB) seeks to learn of each new case as soon as possible after MDR is diagnosed. The TBCB developed the MDR-TB Service in 2002. This service is designed to help local TB programs ensure that

transmission of MDR-TB is interrupted and each case has the best chance of cure. The service provides support to LHJs in program areas of surveillance, clinical and case management, laboratory services and access to medications for treating MDR-TB. The service provides consultation on both public health and clinical aspects pertaining to the management of MDR-TB cases and their contacts. The service will also provide consultation on cases that require an MDR regimen due to intolerance to isoniazid and rifampin.

MDR-TB Service Team

Physicians, nurse consultants, epidemiologists and communicable disease representatives (CDR) comprise the MDR-TB Service. As a team, they bring a diverse set of skills, a multidisciplinary approach to the management of MDR-TB and over 30 years of TB experience including:

- Front-line public health TB case management
- Understanding of local, state and national laboratory processes
- Private sector clinical experience
- Global public health perspective
- Working relationship with a network of national MDR-TB experts
- TB/HIV program experience
- Multi-cultural competency
- Board certification in Infectious Disease and Internal Medicine

The MDR-TB Service Team:

Gisela Schecter, MD, MPH (510) 620-3439 gisela.schecter@cdph.ca.gov

Cheryl L. Scott, MD, MPH (510) 620-3447 cheryl.scott@cdph.ca.gov Lisa True, RN, MS (510) 620-3054 lisa.true@cdph.ca.gov

Corrine Stuart, CDR (510) 620-3010 corrine.stuart@cdph.ca.gov Leslie Henry, RN, PHN (510) 620-3040 lhenry1@cdph.ca.gov

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Services

The MDR-TB Service team offers clinical consultation, assistance with second-line drug testing and result retrieval, drug procurement support, access to MDR-TB "tools" for monitoring cases, as well as referral/coordination with other services. More specifically, you can expect the following:

- Telephone consultation/feedback within one working day
- Comprehensive written consultation and recommendations within 1 week
- Facilitation of isolate transfer and susceptibility result retrieval
- Containment recommendations to reduce transmission
- Recommendations for evaluation of contacts and treatment of Multidrugresistant latent tuberculosis infection (MDR-LTBI)
- Ongoing assistance to ensure appropriate treatment planning with a goal of timely culture conversion and cure, toxicity monitoring, treatment completion, and addressing barriers to treatment adherence
- Information on obtaining second-line drugs and accessing patient assistance programs
- Conferral regarding challenging treatment decisions with other clinical experts
- Information regarding transportation and referrals to specialized centers, e.g., National Jewish Medical and Research Center
- Information and referral to other State resources (e.g., civil detention program, TB Medi-Cal)

Resources

- MDR-TB "tools":
 - Drug-o-gram and other clinical monitoring tools, toxicity and bacteriology monitoring charts, contact evaluation and monitoring templates
 - Drug fact sheets
- Clinical references related to specific challenges, e.g., treatment of contacts, use of fluoroquinolones in children, interpretation of drug levels and use of third-line drugs
- Contact and cost information for laboratories that perform susceptibility testing and therapeutic drug monitoring

What is expected from you?

At a minimum, for each new MDR TB case in California TBCB requests that LHJ's provide the following information via fax:

- Completed MDR-TB checklist
- Results of contact investigation

Additionally, if full consultation is requested, TBCB will periodically request copies of:

Drug-o-gram and other clinical monitoring tools, toxicity and bacteriology monitoring charts, contact evaluation and monitoring templates

How to obtain MDR-TB Consultation:

Contact Ms. Lisa True, Ms. Leslie Henry, Dr. Cheryl Scott or Dr. Gisela Schecter at the numbers listed below.

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